



# TREATMENT CONTROL BMP VERIFICATION FORM

Pursuant to CMC 15.12.100

## GENERAL INFORMATION

Owner Name			
Owner Address		City and Zip	
Contact Name		Contact Phone	
New Contact		New Phone	

## BMP INFORMATION

BMP Type		BMP ID#		Priority	
BMP Description			Manufacturer		
BMP Location			BMP Address		
BMP Approval Date		Last Inspection Date		Maintenance Frequency	
Comments					

## BMP VERIFICATION AND MAINTENANCE

BMP ACTIVITY	YES	NO	DON'T KNOW	N/A	COMMENTS
Has the BMP been installed?					
Has the BMP been removed?					
Is the BMP operating properly?					
Has the BMP been replaced? If so when?					
Is BMP covered under a maintenance agreement?					
Is the BMP on a regular maintenance schedule?					
Has trash or other debris accumulated in or around BMP?					
Has the BMP been inspected during the last year?					
Has the BMP been maintained or cleaned during the last year?					
Are discharge points free of litter and debris?					
Has it rained since the last time the BMP was maintained?					

What are the sources of pollution that could impact the BMP?

- |  |   |
|--|---|
| <input type="checkbox"/> Leaking Vehicles  | <input type="checkbox"/> Trash and Debris   |
| <input type="checkbox"/> Erosion/Sediments | <input type="checkbox"/> Improvement Projects (paint, concrete wash, landscaping, etc.) |
| <input type="checkbox"/> Over Irrigation   | <input type="checkbox"/> Lawn clippings and yard waste                                  |
| <input type="checkbox"/> Pet/Animal Waste  |   |
| <input type="checkbox"/> Other _____       |   |

## Certification Statement

*"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system to assure that the responsible party gathered and evaluated the information submitted. Based on my inquiry of the person or person who managed the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief true, accurate and complete, I am aware that there are significant penalties for submitting false information including the possibility of fines and other enforcement actions."*

PRINT NAME:	SIGNATURE	DATE
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Please return the completed and signed form to the  
City of Carlsbad  
CMI – Storm Water Compliance  
5950 El Camino Real  
Carlsbad, CA 92008  
760-602-2780 or FAX 760-438-7178